

VA Grant & Per Diem National Office

Webinar for Operational GPD Grantees June 8, 2021

Recording Link:

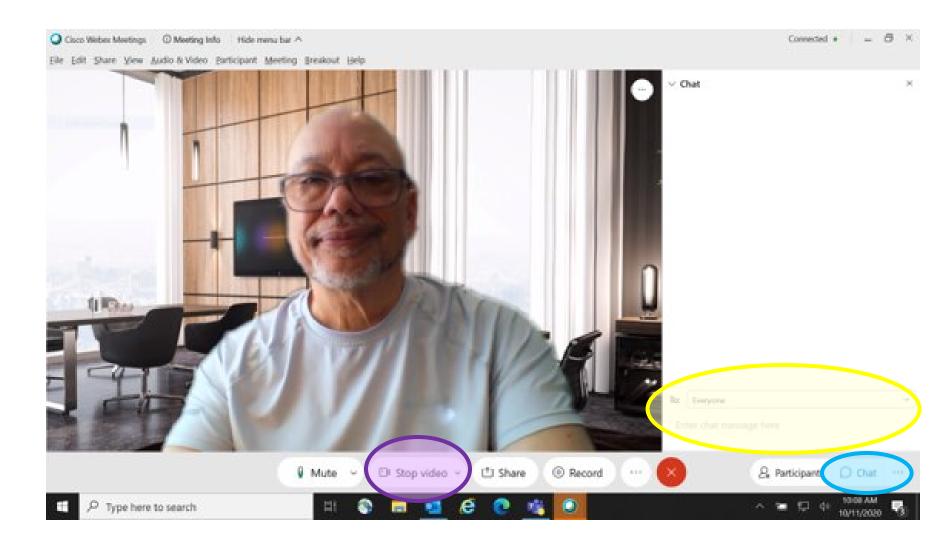
https://veteransaffairs.webex.com/veteransaffairs/ldr.php?RCID=192c3e c34d6f0a63d0760ea13ca4b53c

Password: Homeless1!





VIEWING THROUGH WEBEX





Agenda

- Announcements
 - Update Contact Information
 - Extended PDO projects
 - Case Management Grant Office Hours
 - Case Management Grant Incentives
- Office of Business Oversight
- Updated COVID -19 Testing Protocol for Fully Vaccinated and Unvaccinated Veterans in Grant and Per Diem (GPD) and Health Care for Homeless Veterans Contract Residential Services (HCHV CRS)
- Per Diem for Minor Dependents



SMARTSIMPLE CONTACTS

- Be sure to update your contact information in SmartSimple (grants management system)
- Urgent to ensure communication to your organization
 - Option year
 - Conditional selections for Notices of Funding Opportunities (NOFOs)
 - Program information



EXTENDED PER DIEM ONLY PROJECTS

Non-awarded PDO extensions till 9/30/21

Complete all episodes of care Veterans admitted prior to 9/30/2020

Grant ends 9/30/21 Closeout activities



NOFO AND OPTION YEAR UPDATE

- Option year will be sending out grant agreements through SmartSimple – Be sure your contacts updated
- Case Management Renewal Reviews completed next step conditional selection information
- Special Need- Reviews continuing
- Capital Grant Reviews continuing
 - If conditionally selected and have a funding gap recommend working on match funding
 - No funding will be released without verification of matching funds



ANNOUNCEMENT – CASE MANAGEMENT GRANT SUPPORT

- Case Management Grantees:
 Quarterly "Office Hours" Available
- 2pm Eastern; WebEx
- First Thursdays, Every Three Months
 - August 5th
 - November 4th
- Please email
 GPDGrants@va.gov for invite as needed
 - https://veteransaffairs.webex.com/veteransaffairs/j.php?
 MTID=m7e42d7526badc4a922cb2dfc5256e79c
- Intention: Less formal, practice sharing, open Q&A
 - Requests for specific topics may also be made in advance

HUD-VASH GPD
Collaborative Case
Management (CCM)
Participants

- Monthly Office Hours Now Available
- Last Wednesday of each month, 2pm Eastern;
 Microsoft Teams

CASE MANAGEMENT GRANT INCENTIVES

As of today's date, Case Management Grant grantees can offer incentives to Veterans in the program. The purpose of these incentives is to:



- Assist with engagement
- Increase retention in the program
- Provide assistance to Veterans

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CASE MANAGEMENT GRANT INCENTIVES

- Total incentives may not exceed \$150 per Veteran
- The max of \$150 per Veteran is part of the grantee's draw down.
- Grantees must budget the cost of incentives within their existing award; no additional funds will be awarded to support this expense
- Incentives are available after 30 days of participation in the GPD Case Management program
- The amount could be spread out over the time in the CM Grant or spent all at one time for the Veteran.

CASE MANAGEMENT GRANT INCENTIVES

- The grantee (likely the case manager) must track expenses in a manner that shows clear itemized accounting and documentation. The grantee must retain receipts.
- The incentives are only for allowable expenses. They may be used for bus passes, furniture or household items, groceries, and gas.
- Incentives may not be cash but, they may have cash value. Gift cards are not allowed. Purchases must be made by the grantee and the items provided to the Veteran.



OFFICE OF BUSINESS OVERSIGHT

- Upcoming Fiscal Reviews:
 - VOA Southwest California, Inc. June 8-10, 2021
 - Transition Projects, Inc. June 22-24, 2021
 - New Directions July 13-15, 2021
 - The Baltimore Station July 20-22, 2021
- Upcoming Training Allowable and Unallowable Costs
- Training Item of the Month:
 - § 200.439 Equipment and other capital expenditures <u>Capital</u>
 expenditures for improvements to land, buildings, or equipment which materially
 increase their value or useful life are unallowable as a direct cost except with the
 prior written approval of the <u>Federal awarding agency</u>, or <u>pass-through entity</u>.



Updated SARS-CoV-2 Testing Protocol for Fully Vaccinated and Unvaccinated Veterans in VHA Homeless Programs: GPD and HCHV CRS

Protocol Updates

Jillian Weber PhD, RN, CNL HPACT National Program Manager



WHY UPDATES TO TESTING PROTOCOL

- Growing body of evidence* that suggests fully vaccinated people are less likely to have asymptomatic infection and less likely to transmit SARS-CoV-2 to others
- Preliminary evidence suggests currently authorized COVID-19 vaccines provide some protection against variety of strains (i.e., B.1.1.7-UK, B.1.351- South Africa)
- Risk of SARS-CoV-2 in fully vaccinated people cannot be completely eliminated as long as continued community transmission

^{*}CDC Science Brief

WHO IS CONSIDERED FULLY VACCINATED

Protocol updates for Veterans who are considered **fully vaccinated** for COVID-19

- Considered fully vaccinated when*:
 - At least 14 days after they have received the second dose in a 2-dose series (Pfizer, Moderna)
 - At least 14 days after they have received a single dose vaccine (J&J/Janssen)
 - Vaccines with an EUA from the FDA
 - Written documentation and/or documentation in their EHR

*CDC Interim public health recommendations for fully vaccinated people

- Veterans fully vaccinated for COVID-19 do not need to be tested for SARS-CoV-2 prior to admission to GPD and HCHV CRS programs
- Veterans fully vaccinated for COVID-19 are not required to undergo initial viral testing
 - Veterans should be aware there is an increased risk for COVID-19 infection when communities are experiencing substantial or high levels of transmission



CDC: COMMUNITY TRANSMISSION LEVELS

Level of Community Transmission	Community characteristics and description	Level of mitigation
Substantial, uncontrolled transmission	Large scale, uncontrolled community transmission, including communal settings (e.g., schools, workplaces)	Shelter in place
Substantial, controlled transmission	Large scale, controlled community transmission, including communal settings (e.g., schools, workplaces)	Significant mitigation
Minimal to moderate community transmission	Sustained transmission with high likelihood or confirmed exposure within communal settings and potential for rapid increase in cases	Moderate mitigation
No to minimal community transmission	Evidence of isolated cases or limited community transmission, case investigations underway; no evidence of exposure in large communal setting	Low mitigation



- When initial viral testing identifies any positive SARS-CoV-2 results or any new confirmed case is identified at a site:
 - Testing all previously negative or untested Veterans repeated weekly, until at least 14 days have passed since the most recent positive test
 - Fully vaccinated Veterans in congregate sites with known exposure to suspected or confirmed SARS-CoV-2 are required to be tested as described above
 - Fully vaccinated **do not** need to quarantine post exposure



- Veteran that is not fully vaccinated declines testing without symptoms
 - Should not be placed in congregate setting
 - Quarantined using the Options for Social Isolation Under the COVID-19 National Emergency: Guidance for GPD, HCHV CRS, and SSVF
- Veteran declines testing with symptoms regardless of vaccination status
 - Should not be placed in congregate setting
 - <u>Isolated</u> until able to meet the CDC <u>symptom-based</u>
 <u>criteria</u> for discontinuation of isolation

• Fully vaccinated Veterans in GPD and HCHV CRS programs who **show COVID-19 symptoms at any time** should isolate themselves from others, be medically evaluated for COVID-19, and be tested for SARS-CoV-2



- Testing strategy/additional recommendations
 - Consider coordination with VAMC COVID-19 vaccine teams to facilitate vaccinations to Veterans enrolled in GPD and HCHV CRS programs



Questions?



- P.L. 116-315, Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 provided GPD the authority to authorize payments for minor dependents of Veterans enrolled at GPD facilities
- In addition to the daily per diem paid for the Veteran, an amount that equals 50 percent of daily cost of care may be paid for a Veteran who has care of minor dependents
 - In other words, grantees may bill an additional 50% of the approved per diem rate per each minor dependent in the facility



Read Minor Dependents Overview and Checklist



Review plan with VAMC and secure letter of support



Review and complete Change of Scope checklist/Draft COS letter



GPD Review and disposition of request



Submit complete Change of Scope package



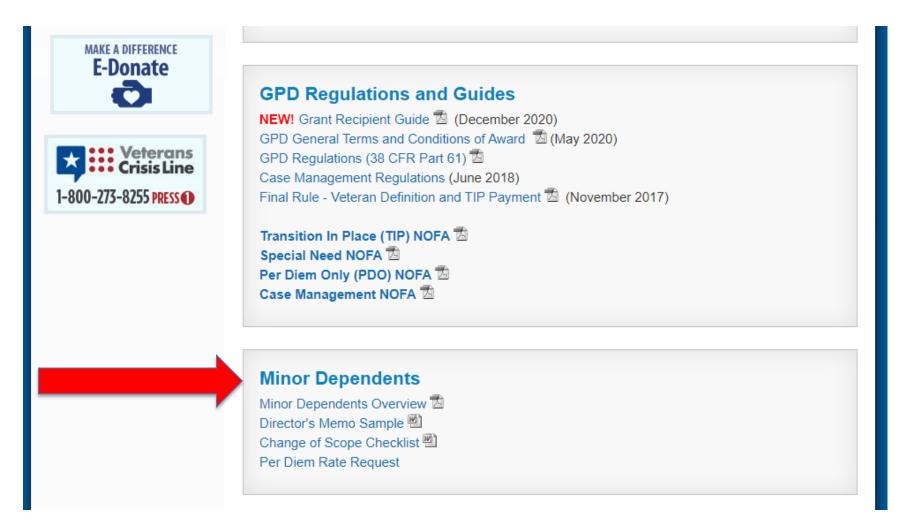
Complete per diem rate request



- Important Documents
 - Per Diem Payment for Veterans with Minor Dependents Overview
 - Change of Scope Checklist
 - VA Coordination memo
 - Per Diem Worksheet for minor dependents







GPD Provider Website



- Per Diem Payment for Veterans with Minor Dependents Overview
 - Background & Definition of a Minor Dependent
 - How to Request Per Diem for Veterans with Minor Dependents
 - Who May Request Per Diem for Veterans with Minor Dependents
 - Impact on Number of Beds/Grant Awards & Billing
 - Compliance
- Please read carefully, monitor the <u>GPD Provider</u> <u>Website</u> for updates



 The GPD office currently defines minor dependents as someone who is unmarried, is a member of the Veteran's household, and is under age 22 or is age 22 or over and was considered permanently incapable of selfsupport before reaching the age of 22



- Does this mean the authorized beds for my GPD award can increase?
 - Per diem payments for minor dependents does not increases in bed/grant awards
 - However, grantees may serve up to five minors at one time beyond their award





- Example if your project is approved for minor dependent per diem..
- If you have 10 beds in your GPD program and all are filled with Veterans – you could have up to 5 minor dependents above the 10 authorized beds for which you could be reimbursed
 - 10 Veterans
 - 5 minor dependents
 - Anything above that would require approval from the GPD National Program Office

Quick Quiz

You have a 10 bed GPD project

- There are currently 5
 Veterans and 5 of their minor dependents in your program
- How many more Veterans can be admitted under GPD?

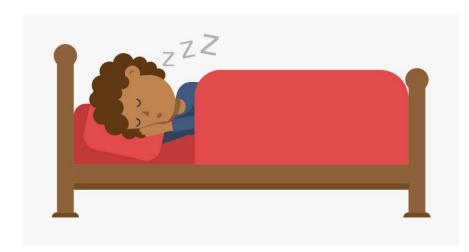


Quick Quiz Answer

5 Veterans

 The FAIN is authorized for 10 Veterans and the under this guidance an additional 5 beds for minor dependents are allowed without additional permission from GPD



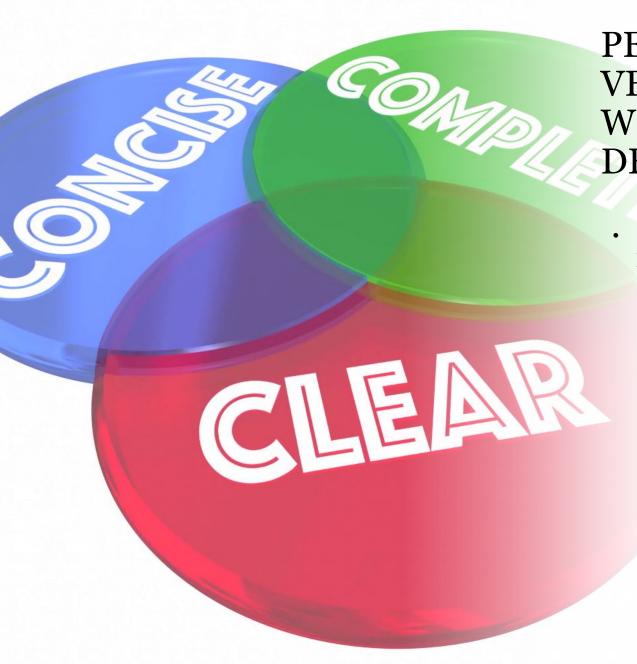


- Grantees serving minor dependents four or more days in a week may bill for seven days of minor dependent services.
- Grantees serving minor dependents three or fewer days in a week must bill for the exact number of nights the minor dependent(s) sleep at the GPD facility.



- Change of scope checklist
 - Instructions for package
 - Basic grantee information
 - Current or prior experience serving minors
 - Housing Configuration
 - Safety Supervision and Security
 - Additional information





- Complete Change of Scope package must be submitted
 - A signed letter on grantee organizational letterhead requesting this change of scope
 - Change of scope checklist fully completed
 - Signed memorandum demonstrating VA Medical Center director agreement with the proposed change of scope



GPD Resources

- Questions: GPDGrants@va.gov
- Minor Dependents Change of Scope Checklist and Sample VAMC Director's Memo are available on the GPD Provider Website: https://www.va.gov/HOMELESS/GPD_Provider Website.asp

- Per Diem Worksheet for minor dependents -worksheet is not intended to calculate costs for minor dependents
- You will calculate your per diem rate based on Veteran costs only, you should not include any estimated costs to provide services to minors.
 - If your current per diem rate is accurate and you don't wish to make any changes to your Veteran per diem, your calculations should be the same as your last request.

			int Number
4. Recipient Organiz	ation (Name/Address)	5. Estimated Costs Ba	sed on Fiscal Yea
		From: To:	
		Email questions to: (SPDFisoal@va.go
	Calculation of Estimated		
6. PROJECT EXPENDITURES			40.00
	f Veteran care (auto calculated) costs of Veteran care only = DO		\$0.00
c. Total estimated indirec	ex costs of Veteran care only - DI	NOT INCLUDE MINOR DEP CO	
d. Approved indirect cos	trate (percentage) "see nate		
7. PROJECT INCOME			
	es of income (auto calculated)		\$0.00
b. Rent and/or fees char-			
c. All other sources of inc 8. TOTAL COST OF PROJECT			9
a. Total estimated VA GF	O project costs (auto calculate	d)	\$0.00
9. GPD BEDS			
	seds under this FAIN (auto calcu		0
	days that may be billed annually		0
d. Estimated number of b	ed days to be provided annually		#DIV/0/
10. PER DIEM RATE	rate (auto calculated)		*LIVIO
a. Total estimated per die	em rate (auto calculated)		#DIV/0!
	ste (maximum rate \$149.73)		#DIV/0!
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- The minor dependent rate will automatically calculate to 50% of your Veteran per diem rate in box 10c.
- If you feel this minor per diem rate exceeds your budget needs, you may request a lower per diem rate in box 10d. Otherwise, leave this field blank.



- Grantees are required to regularly monitor their budget to ensure they are not overbilling
- Grantees can't receive per diem (Veteran and minor) greater than 100% of the cost of care minus other sources of income
- Grantees will be required to track and report combined costs (Veteran and minor) on your annual SF425
- Allowable costs for minors will follow our existing GPD regulations and guidance, as long as it falls within the scope of services. These
 - Must be deemed reasonable costs for the care and services of minor dependents.









